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	BOARD OF HEALTH State File No. // 3		
I I PLACE OF RIRTH	Registered No. 68		
County Sila	State		
District or ToxyAship			
City Dayour No. (If birth occurred in a hospital or institution, give its NANE instead of street and number)			
Ill child is not yet named, make			
2. Full name of child			
3. Sex of Child To be answered ONLY at Twin, triplet or other 6. Legitimate? 7. Date of birth Month Day Year			
8. FATHER Full name	14. MOTHER Pull mailen name		
"coro fagrancia	Tyl Mouna		
9. Residence (Usual place of all flat place)	15 Residence (Usual place of abode Cultural		
If non-resident, give place and state.	If non-resident, give place and state.		
10 Color or race	16 Color or race 17. Age at last birthday 23(Years)		
12. Birthplace (city or place). Durango	18. Birthplace (city or place) The Mount		
(State or country)	(State or country)		
13. Occupation	19. Occupation House Will		
Nature of Industry	Nature of industry		
20. Number of children of this mother			
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive b (c) Stillborn	out now dead		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
I hereby certify that I attended the birth of this child, who wasat			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	raning squites mo		
shows other evidence of life after birth.	(Physician or Mid affe).		
Given name added from a supplemental report Month, day, year Month, day, year	Jayden augma		
Filed (14 1927 2013) Show			
Registrar	Registrar		
421-1207-351			

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